

Entered - 04/17/01 - sb
CL01L0231 - DIANNE C. MITCHELL

CLAIM OF: TREATHA FOX
3256 Mercer University Drive
#310
Chamblee, Georgia 30341

01-R-1533

For damages alleged to have been sustained as a result of a personal injury on March 3, 2001 at the Atlanta Civic Center.

THIS ADVERSED REPORT IS APPROVED

BY: Rosalind Rubens Newell by
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY *John N. Craig CA*

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0231

Date: September 12, 2001

Claimant /Victim TREATHA FOX

BY: (Atty) (Ins. Co.) _____

Address: 3256 Mercer University Drive, #310, Chamblee, Georgia 30341

Subrogation: _____ Claim for Property damage \$ _____ Bodily Injury \$ Not Stated

Date of Notice: 04/16/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) _____

Date of Occurrence 03/03/01 Place: Atlanta Civic Center

Department PRCA Division: Cultural Affairs

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that she was injured when she fell while attending a performance at the Civic Center. The claim has been forwarded to the promoter's insurance carrier for handling. The claimant has been advised to pursue her claim directly with the promoter of the event and their insurance carrier.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-12-01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED APR 16 2001

Mitchell
04/16/01
Dur

RE: CLAIM FOR DAMAGES

Today's Date: 4/11/01

Original date reported: 3/5/01

Dear Municipal Clerk:

ENTERED - 4-17-01 - SB
01L0231 - DIANNE MITCHELL

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 03/03/01 (month/day/year) 2. Time of Incident: Approx. 3:15 pm 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): Atlanta Civic Center, Atlanta, GA
5. Name of your insurance company: None Policy No. None
6. State what and how incident occurred: While attending a play at the Civic Center, I arrived late. The play had started, the lights were turned off, the ushers refused to seat me and the area was very dark. Since the ushers told us to go into the seating area to find our seats, I entered the arena. It was very dark in this area with only the small pin lights on one side of the walkway with the other side being a very dark wall. I was unable to see the steps. I stopped focused to want to tread down the steps obtaining several bodily injuries including a hit foot/ankle & broken ankle (rt.) that require surgery to place hardware in it.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: _____
(Name) (Address) (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Dianne Fox
Signature of Claimant

Treatha Fox
(Print Claimant's Name)
3256 Mercer University Dr., #310
(Address)
Chamblee, GA 30341
(City, State and Zip Code)
(678) 937-9398
(Work Number) (Home Number)

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